

**FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**10/590790**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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5	1	1				
6	/					
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8			/			
9	/					
10	1	1				
11	1	1				
12			1			
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TOTAL IND.	6		3			
TOTAL DEP.	9	←	13	←		←
TOTAL CLAIMS	15		16			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						